



# National Center for Credibility Assessment

## APPLICATION FOR ADMISSION

### PSYCHOPHYSIOLOGICAL DETECTION OF DECEPTION PROGRAM

**Federal Privacy Act Statement:** The Privacy Act of 1974, 5 USC 552a, provides protection to individuals by ensuring that personal information collected by Federal agencies is limited to that which is legally authorized and necessary and is maintained in a manner which precludes unwarranted intrusions upon individual privacy.

**Principal Purposes:** The purpose of soliciting this information is to provide the National Center for Credibility Assessment (NCCA) a basis for determining whether you meet the minimum requirements for selection and training as a Federal Polygraph Examiner.

**Routine Uses:** Any information you provide is disclosed to members of the Department of Defense who have a need for the information in performance of duties. In addition, the information may be disclosed to government agencies outside the Department of Defense or individuals as authorized by law or regulation.

**Disclosure Mandatory or Voluntary:** Disclosure is voluntary. However, failure to provide the information could result in the NCCA not accepting your application for the PDD Program.

[NCCA is an Equal Employment/Education Opportunity facility.](#)

## **INSTRUCTIONS FOR SUBMITTING THE APPLICATION**

1. Complete, sign and submit the application for admission.
2. Save a copy of the completed PDF application.
3. Email the completed PDF admission to the following email addresses:  
  
Recipient Information: [NCCARegistrar@dodiis.mil](mailto:NCCARegistrar@dodiis.mil)
4. If a confirmation is not received in 2-3 business days, print the application, and provide a copy to the NCCA Registrar's Office and your agency's Polygraph Program Manager (PPM).  
  
Fax to: (803) 751-9108  
-or-  
Mail to: National Center for Credibility Assessment  
ATTN: PDD Registrar's Office  
7540 Pickens Avenue Fort Jackson, SC 29207-6804
5. Email, fax or mail application, provide notification to your agency's PPM.
6. Request the University send an official Bachelor degree transcript directly to NCCA either via electronic transcript to [NCCARegistrar@dodiis.mil](mailto:NCCARegistrar@dodiis.mil) OR via mail to NCCA, ATTN: Office of the Registrar. Transcripts must arrive to the registrar NLT 30 days prior to the start date of the course.
7. Verify that the sponsoring agency's PPM has submitted a nomination letter to NCCA, ATTN: Office of the Registrar.
8. Successfully complete a PDD examination conducted by a federally certified polygraph examiner.
9. Ensure that the sponsoring agency's PPM has provided verification of successful completion of a PDD examination. Results must be submitted in writing within the [applicable enrollment period](#)\*\*\*.
10. Coordinate with sponsoring agency's security office to pass security clearance to [NCCASSO@dodiis.mil](mailto:NCCASSO@dodiis.mil). All security clearances must be received by NCCA Security within the [applicable enrollment period](#)\*\*\*.
11. All students must provide a signed copy of their current Cyber Awareness Certificates to our IT Team ([NCCA.IT\\_Admin@dodiis.mil](mailto:NCCA.IT_Admin@dodiis.mil)) All Cyber Awareness Certificates must be received by NCCA IT within the [applicable enrollment period](#)\*\*\*. To be considered current, the certificate must have been issued within the past year and must not expire while the student has access to NCCA systems. Cyber Awareness Training can be completed at: <https://iatraining.disa.mil/eta/cyber-awareness-challenge/launchPage.htm>.

\*\*\*[Applicable Enrollment Period: For agencies with student allocations, the enrollment period ends 45 days prior to the start date of the course. For agencies without student allocations, the enrollment period ends 30 days prior to the start date of the course.](#)

## Applicant Information

Date of Application: \_\_\_\_\_ Desired Course Date: \_\_\_\_\_

Full Legal Name:

\_\_\_\_\_  
*Last* *First* *M.I.*

Address:

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Are you a citizen of the United States?      YES      NO  
        

Previous Polygraph Training?      YES      NO  
        

If yes, where, when, course length? \_\_\_\_\_

## Agency Information

Agency Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Grade/Rank \_\_\_\_\_ Job Series/Military Specialty: \_\_\_\_\_

**Education**

*I will/have request(ed) my college to forward my Bachelor's degree transcript to NCCA.*

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Security Clearance**

*Clearance must be passed to NCCA SSO within the **applicable enrollment period**\*\*\*.*

Security Clearance: YES NO

**Polygraph Examination**

I have taken/will take my screening polygraph examination on \_\_\_\_\_

Examining agency: \_\_\_\_\_

**Employment History**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Disclaimer and Signature**

*I hereby submit the above information as being accurate and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_